

Effects of cultural congruity on alcohol use severity among Hispanic emerging adults in college



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Aims: Aim 1 examined direct associations of behavioral acculturation, behavioral enculturation, and cultural congruity (the perception of cultural fit between the values of the academic institution and the student's personal values) with alcohol use severity. Aim 2 tested if gender moderated those associations.

Methods: Participants voluntarily consented and completed self-report measures in an anonymous online survey. A hierarchical linear regression and moderation analyses were conducted on a sample of 167 Hispanic emerging adults (ages 18–25) enrolled in institutions of higher education. Gender was dummy coded (0) for men and (1) for women.

Results: 20.9% of the variance in alcohol use severity was accounted for by all predictor variables entered in the regression model. After controlling for demographic variables and depressive symptoms, behavioral acculturation and enculturation did not have statistically significant associations with alcohol use severity. Further, gender did not moderate either of these associations. Conversely, greater perceptions of cultural congruity were associated with lower scores of alcohol use severity ($\beta = -.20, p < .05$). A moderation analysis with 10,000 boot-strap iteration indicated that cultural congruity had a beneficial effect in lowering alcohol use severity for men ($\beta = -.20, p \leq .001, 99\% \text{ CI } [-.35, -.05]$), but not among women ($\beta = -.04, p > .05, 99\% \text{ CI } [-.13, .05]$).

Conclusions: This was the first known study to examine the association of cultural congruity with alcohol use. Findings highlight the value of examining contextual factors of culture and moving beyond reductive measures of cultural orientation.

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Effects of parental alcohol vs. tobacco and marijuana use on early adolescent onset of alcohol use



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Aims: Studies of effects of parental substance use on offspring alcohol use have predominantly focused on effects from parental alcohol use only, rather than also examining effects of use of other substances. Further, effects of both maternal and paternal substance use are rarely examined together. The present study

examined whether use of tobacco and marijuana by fathers or mothers predicted onset of alcohol use in their offspring over and above effects of parental alcohol use.

Methods: The study included 146 children of 93 parents ($n = 90$ fathers and $n = 85$ mothers). The fathers were originally recruited as boys to the Oregon Youth Study (OYS), a study of community, familial, and individual risk factors for delinquency. Children were interviewed regularly in adolescence and five binary variables were created denoting alcohol use onset response patterns for onset prior to age 11 years and onset during four periods of adolescence (ages 11–13, 13–15, 15–17, and 17–19 years). Children's alcohol use onset across adolescence was modeled using discrete-time survival analyses.

Results: Only mothers' but not fathers' alcohol use was associated with children's age of onset. Mothers' tobacco use predicted children's age of onset and fathers' marijuana use interacted with their alcohol use to do so. These effects were observed when controlling for parent education, child gender, and child antisocial behavior, a general developmental risk factor for substance use onset in adolescence.

Conclusions: Mothers' substance use played a major role in child onset of alcohol use, yet the role of maternal substance use as a risk factor for their children has previously received less attention than the role of paternal substance use. Also, the findings imply that it may be important to identify children of polysubstance using parents for targeted prevention programs.

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Comparative phenomenology of psilocybin experiences in research and non-research settings



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Aims: This study sought to compare questionnaire ratings of subjective experiences after psilocybin when administered in controlled research settings vs. uncontrolled, non-research settings.

Methods: Two internet-based surveys were conducted in reference to participants' single most mystical/spiritual/meaningful experience (ME; $n = 1602$) or to their single most psychologically difficult/challenging experience (CE; $n = 1993$) after ingesting psilocybin mushrooms. Data from these surveys were compared to data from 3 laboratory studies conducted in healthy volunteers (LS; $n = 110$ – 126) who received a high dose of psilocybin (30 mg/70 kg). Data were the percent of participants endorsing various questionnaire items.

Results: The CE group was more likely to endorse negative feelings such as fear (81% of participants), isolation (69%), physical distress (57%), and insanity (64%) than the ME or LS groups (range 21–30%). The ME and LS groups, respectively, were more likely to endorse positive and spiritual feelings of peace (88, 86%), awe (93, 90%), joy (91, 90%), spiritual height (76, 77%), and "All is One" (75, 70%) than the CE group (range 43–64%). ME and LS groups, respectively, also were more likely to endorse that the experience was among the 5 most spiritually significant of their lives (62, 67%) and

that it increased well-being/life satisfaction (94, 94%) than those in the CE group (31% for spiritually significant; 76% for well-being).

Conclusions: The phenomenology of psilocybin experiences in the LS group was more similar to that in the ME group than the CE group, suggesting that laboratory procedures are effective at minimizing negative experiences and maximizing positive experiences.

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Childhood trauma and initiation of drug use in adolescence



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Aims: Potentially traumatic events (PTEs) in childhood are known risk factors for drug abuse among adults. Less is known about how these events relate to initiation of drug use in adolescence. We examined whether 23 types of PTEs were associated with ever having used illicit drugs among a representative sample of U.S. adolescents ($N = 9956$). We hypothesized that childhood trauma would be associated with higher odds of drug use.

Methods: Following exploratory analyses, weighted logistic regression models estimated odds ratios for drug use, controlling for demographic factors and history of psychopathology (i.e., fear, distress, and behavior disorders).

Results: Exposure to any PTE before the age of 11 was reported by 36% of the sample ($n = 3627$). Twenty-three percent ($n = 2241$) had ever used marijuana, 2% ($n = 234$) cocaine, 5% ($n = 483$) prescription drugs nonmedically, and 3% ($n = 302$) other drugs (e.g. heroin, LSD). Experiencing any PTE before age 11 was significantly associated with higher odds for marijuana use (aOR = 1.53, 95% CI: 1.29–1.80), cocaine use (aOR = 2.12, 95% CI: 1.49–3.01), nonmedical prescription drug use (aOR = 1.53, 95% CI: 1.08–2.17), and other drug use (aOR = 1.54, 95% CI: 1.11–2.12). Specific types of PTEs, notably exposure to violence, were consistently associated with higher odds for drug use, controlling for other PTEs. For example, being sexually assaulted was associated with a 2.83 higher odds for using marijuana (95% CI: 1.69–4.74), being beaten by parents with a 4.10 higher odds for using cocaine (95% CI: 1.97–8.53), and witnessing fighting at home with a 1.77 higher odds for using prescription drugs nonmedically (95% CI: 1.01–3.10).

Conclusions: Childhood trauma, particularly interpersonal violence, may be associated with the initiation of multiple types of illicit drug use in adolescence. Future work should explore whether adolescents with a trauma history are more likely develop chronic or harmful drug use than their peers.

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Predictors of transition to opioid dependence among illicit pharmaceutical opioid users



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Aims: This natural history study identifies the predictors of transition to opioid dependence among 362 young adults (aged 18–23) who were illicit pharmaceutical opioid users, but not opioid dependent at baseline.

Methods: Participants were recruited using respondent-driven sampling in the Columbus, Ohio, area and interviewed every 6 months for 3 years. Cox regression was used to test for associations between selected demographic and substance use covariates and the hazard of transition to opioid dependence.

Results: Over 36 months, 163 (45.0%) participants transitioned to opioid dependence. Of these, 49.7% were male, 49.1% were white, 44.8% were Black, and the mean age at baseline was 21 years. Use of extended-release oxycodone (HR = 1.5), non-oral use of pain pills (HR = 2.2), sedative abuse or dependence (HR = 2.2), alcohol dependence (HR = 1.6), marijuana dependence (HR = 1.5), and frequency of pain pill use (HR = 1.5) were each significantly associated with transition to opioid dependence. Participants who were younger (HR = .83), those without post-high school education (HR = .63), and those who never used alcohol (HR = .39), sedatives (HR = .56), or MDMA/ecstasy (HR = .65), were more likely to transition to dependence. Length of pharmaceutical opioid use was not significantly associated with transition to dependence.

Conclusions: Although our sample is limited to one region in the Midwest, the results suggest that almost 50% who become involved with illicit pharmaceutical opioid use transition to dependence over three years. The variables associated with transition to dependence provide important insights for targeted interventions.

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The risks of gang association among drug-using women in Cape Town, South Africa



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Aims: Western Cape has an entrenched gang culture that is strongly associated with drug trafficking and manufacture. There is concern that women who are associated with gangs are more